

**SAMHSA-HRSA Center for Integrated Health Solutions  
Region 1 PBHCI Regional Meeting  
January 22-23, 2015**

**EVALUATION FORM**

<b>Your role in the PBHCI Grant Program:</b>
<b>Your name (optional):</b>

Use the following scale to provide us feedback about the PBHCI regional meeting:

**1=Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree**

1. I've gained practical ideas from members of the meeting that will help us advance our integration project.	1   2   3   4   5
2. This meeting was very worthwhile.	1   2   3   4   5
3. I'm leaving this meeting more energized and confident about our integration project.	1   2   3   4   5
4. The Center for Integrated Health Solutions and the Learning Community are important in helping us to accomplish our project goals.	1   2   3   4   5
5. The facilitators were helpful and engaged the meeting members in dialogue.	1   2   3   4   5

**The following sessions were helpful to our integration goals:**

**1=Strongly Disagree   2=Disagree   3=Neutral   4=Agree   5=Strongly Agree**

Regional Grantee Benchmarking Thurs	1   2   3   4   5
Assessing the Current and Future Integration Landscape Thurs	1   2   3   4   5
Small Group Discussion Thurs	1   2   3   4   5
Large Group Discussion Thurs	1   2   3   4   5

Team Time: Given What We Know, Now What? Thurs	1	2	3	4	5
Continuous Quality Improvement (CQI): Testing Change Fri	1	2	3	4	5
CQI – Grantee Sharing Fri	1	2	3	4	5
CQI Team Action Planning Fri	1	2	3	4	5
Impacting Behavior Change Presentation Fri	1	2	3	4	5
Impacting Behavior Change Team Action Planning Fri	1	2	3	4	5

#### OPEN ENDED QUESTIONS

6. The most important thing I learned from this meeting is:
7. The one thing I would like to change about regional meetings is:
8. My most pressing technical assistance need is:
8. Additional comments and feedback:

**Thank you! We appreciate your feedback on how we can better meet your needs and support your PBHCl efforts.**